SSAN OR EMPLOYEE NUMBER   OPERATION   GOVERNMENT   GOVE			PENSE CLAIM	ĺ			ctions an		′			Page	1	of	1
Company   Chief of Staff   Company   Company   Chief of Staff   Company   Chief of Staff   Company   Chief of Staff   Company   Chief of Staff   Company	CLAIMANT'S	NAME		77					BER		DEPARTMENT				
STATE   STAT	Matthew	David									Governo			50	
State Capitol   State Capito	POSITION CB/ID NUMBER						DIVISION OR BUREAU						INDEX NOWR	EK	
State Capitol   State Capito	Deputy Chief of Staff												TELEPHONE	NUMBER	
Secretarion	RESIDENCE A	ADDRESS													
Secremento   California   Secremento   California   Secremento   Secremento   California   Secremento   Sec	CITY		STATE		ZIP	<u> </u>	CITY	pitoi			STATE			ZIP	
NO   NO   NO   NO   NO   NO   NO   NO							Sacramento				California			95814	
March   Marc			T	T		MEALS				TR	ANSPORTATIO	N			
Dec   1948   Wildle Recorded   Baleany as   Lunch   Country   Trades   Tr	монтн	I/YEAR	LOCATION								CARFARE,				TOTAL
19-30   19-0	47 11 11 14 14 14		WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE		
19-Jan   DC   188.92   6.00   19.42   22-Jan   3.30pm   LA > Sac   6.00   10.00   6.00   251.40   0.00   252.23   22-Jan   3.30pm   LA > Sac   6.00   10.00   6.00   251.40   0.00   273.30pm   LA > Sac   6.00   10.00   6.00   251.40   0.00   0.00   273.30pm   LA > Sac   6.00   10.00   6.00   6.00   0.00   6.00   0.00   6.00   0.00   6.00   0.00   6.00	DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
20-2m DC	10 Ion	lom	San Jose > DC	188 92	/								0.00		188.92
21-Jan   D.C. > LA   238-40   18.00   6.00   0.00   262 22-Jan   3 Nojm   LA > Sac   0.00   10.00   6.00   251-40   0.00	19-Jan	tpm	San Jose - DC	100.72					/						
23-Jan 30gm LA > Sac 600 10 00 600 251.40 000 273  22-Jan 30gm LA > Sac 600 10 00 600 251.40 000 000 273  22-Jan 30gm LA > Sac 600 10 00 600 10 00 600 251.40 000 000 000 000 000 000 000 000 000	20-Jan		DC	188.92				6.00	·				0.00		194.92
22.Jan 3.3upm IA.2 sale	21-Jan		DC > LA	238.40	/		18 00	✓ 6.00					0.00		262.40
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SUBTOTALS  616 24 6 00 10 00 18 00 18 00 251.40 0.00 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0													0.00		0.0
CLUMN CODE (ACCTG. USE ONLY)  CLAIM TOTAL  PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  Staff for GS' DC Trip  PRIVATE VEHICLE LICENSE NUMBER  MILEAGE RATE CLAIMED  0,445  AGENCY ACCOUNTING OFFIC  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or or or or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  To the cost of the operating the vehicle was equal to or or or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  To the cost of the operating the vehicle was equal to or or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  To the cost of the operating the vehicle was equal to or or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  To the cost of the operating the vehicle was equal to or or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  To the cost of the operating the vehicle was equal to or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  To the cost of the operating the vehicle was equal to or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  To the cost of the operating the vehicle was equal to or other claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754													0.00		0.0
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PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  Staff for GS' DC Trip  PRIVATE VEHICLE LICENSE NUMBER  MILEAGE RÂTE CLAIMED 0.445  AGENCY ACCOUNTING OFFIC  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or  greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  "Varining to vehicle safety and seat belt usage  DATE  SIGNATURE OF DESIGNS ADDITIONS  DATE  SIGNATURE OF DESIGNS ADDITIONS  ADDITIONS  NORMAL WORK HOURS  MILEAGE RÂTE CLAIMED 0.445  AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  2/2/// 2/2///  DATE  SIGNATURE OF DESIGNS ADDITIONS  DATE  ADDITIONS  DATE  DATE  ADDITIONS  DATE  PRIVATE VEHICLE LICENSE NUMBER  AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  2/2///  DATE  2/2///  DATE  ADDITIONS  DATE  DATE  ADDITIONS  DATE  DATE  ADDITIONS  DATE  DATE  ADDITIONS  DATE  DATE  DATE  ADDITIONS  DATE	COLUM	ODE (	(ACCTG. USE ONL	.Y)							20 1 27	12112	Tone, y		- 28
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PRIVATE VEHICLE LICENSE NUMBER  MILEAGE RÂTE CLAIMED  0,445  AGENCY ACCOUNTING OFFIC  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  'aining to vehicle safety and seat bell usage  DATE  SIGNATURE OF OFFICE SIGNATURE OF OFFICE STATES AND STATE  AMILEAGE RÂTE CLAIMED  0,445  AGENCY ACCOUNTING OFFIC  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  DATE  SIGNATURE OF OFFICE STATES AND STATE  AMILEAGE RÂTE CLAIMED  0,445  AGENCY ACCOUNTING OFFIC  USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  DATE  Z/Z///C	PURPOS	SE OF TF	RIP, REMARKS AN	D DETAIL:	S (Attach r	eceipts w	hen requir	red)				NORMAL	WORK HO	DURS	
MILEAGE RÂTE CLAIMED 0,445  HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of USE ONLY PAID BY REVOLVING FUND CHECK NUMBER greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754  PAID BY REVOLVING FUND CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION CHECK NUMBER 3 USE ONLY DATE OF THE SUBPLICATION	Staff fo	r GS' DO	C Trip					Wat II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-	PRIVATE	VEHICLE	LICENSE	NUMBER
DATE											_				
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